



Contra Costa County
Advisory Council on Aging (ACOA)
Senior Mobility Action Council (SMAC)
Transportation Workgroup

MINUTES

Fourth Monday

June 28, 2021

9:30 to 11:30

Join Zoom Meeting:

<https://us02web.zoom.us/j/86173989681?pwd=a0lvaStvdWlON0tHcHgzclhyVzNWdz09>

Meeting ID: 861 7398 9681

Passcode: 782020

- I. Welcome - Mary Bruns, Chair SMAC Transportation Workgroup
- II. Self-Introductions – all in attendance

Mary Bruns, Co-Chair of SMAC, Shirley Krohn, Lorna Van Ackeren, Jim Donnelly ACOA Chair, Mike Awadalla Care Patrol, John Cunningham Transportation Planner Department of Conservation and Development, Marge Cortes Choice in Aging, Sean Hurley County Connection, David Pitman Monument Community Shuttle, Rashida Kamara County Connection and Melanie Smith Aging & Adult Services Staff Support.

- III. Approval of today's agenda –
Motion by Lorna Van Ackeren, second by David Pitman to accept the agenda as submitted; Vote unanimous.
- IV. Approval of May 24, 2021 Minutes –
Motion by Lorna Van Ackeren, second by Mike Awadalia to accept the minutes; Vote unanimous.
- V. Presentation / Measure X, Master Plan for Aging, and Legislative Transportation Proposal - John Cunningham and Shirley Krohn

John Cunningham explained a joint study conducted by the Contra Costa Transit Authority (CCTA) and the County. The first meeting of the Accessible Transportation Study (ATS) was in October. Measure X to go to underserved and underfunded programs including seniors. July 28th is the Measure X Community Advisory Board Meeting – Transportation is the topic and they will make the case for Measure X to include funding for the implementation of the Accessible Transportation Strategic Plan. There have previously been four (or is it three) studies and yet there is still a great need for accessible transportation for seniors and those with disabilities and veterans in CCC. They will address why we can't get transportation improvements. Mary is asking the

Senior Mobility Action Council and the ACOA members to speak up during the public comment portion of the agenda on the Transportation Presentation on July 28th.

Shirley Krohn was upset about the lack of transportation so she put together a team with Paul, Debbie, Lorna, and John to put together a legislation proposal. Shirley commented it is the longest legislation ever put together by the California Senior Legislature CSL (13 pages.) It will be submitted by the June 15 deadline and will be revised by the legislative council. Once reformatted it will be sent back out to the CSL and they will vote on their top 10 of all the ones submitted. They are going to pitch this one and move it forward aggressively.

Shirley read the summary to the group – a copy is provided as an attachment to these minutes.

The proposal's purpose was to lead to a law around having senior and disabled transportation, with funding via a car registration fee. Shirley added that one good thing about the proposal process is that it allows input through the process. They have a public comment period where you can support or oppose and testify.

Shirley would like the community to speak up and ask “how are you going to do this, how are you going to provide transportation?”

There was lively discussion as to how to ask “the Measure X Advisory Committee to fund the implementation of the strategic transportation plan.” It is imperative that the public's voices are heard on the need for transportation funding for implementation of the Accessible Transportation Strategic Plan.

VI. Covid Updates –

Rashida reported County Connection is having an increase in riders but not a surge. COVID19 safety precautions continue; about 64% of the staff are vaccinated. Sometime in September BART is going to be offering 50% off rides in order to boost ridership. County Connection is going to be offering free rides for the same period. Mary has a few new volunteer drivers – program is open but has not gone back to normal numbers yet.

County coming back. Melanie mentioned that she heard on the news that “aid” is a lifestyle and Lorna mentioned this has created a dearth of caregivers.

VII. August Agenda Planning - Fourth Monday 8/23/21 9:30am to 11:30am Agenda Items – John can provide an update on the Measure X Community Advisory Board presentation.

Speaker suggestion/s – Hoping we can reach Uber or Lyft for a presentation, Possibly GoGoGrandparents at a future meeting.

VIII. Meeting adjourned at 11:01am

The ACOA meets currently on Zoom on the third Wednesday of the month from 9:30am to 11:30am and recesses in July, and November. Work Group and Committees: SMAC, Elder Abuse Prevention, Health, Housing, Legislative, Membership, Nutrition, Planning, and Technology.

The Contra Costa County Advisory Council on Aging and its committees will provide reasonable accommodations for persons with disability planning to attend the above noticed meeting if the call 925-602-4172 and ask for Anthony Macias at least 48 hours in advance of the meeting.

Contra Costa County Advisory Council on Aging members are appointed by the Board of Supervisors to advise the Area Agency on Aging on all matters related to the development and administration of the annual Area Agency Plan and operations conducted thereunder, in accordance with mandates from the Older Americans Act. Any comments or recommendations made by the council or its individual members do not represent the official position of the County or any of its officers.

STATE OF CALIFORNIA
CALIFORNIA SENIOR LEGISLATURE

STATE PROPOSAL INTRODUCTION FORM

NAME: Shirley Krohn

PHONE NUMBER: 925-256-8736

E-MAIL ADDRESS: skrohn9520@aol.com

CHECK ONE: SENIOR ASSEMBLY MEMBER ☒ SENIOR SENATOR ☐

PART 1: GENERAL INFORMATION (NOTE: You may find it easier to complete Part 1 after completing the rest of this form.)

Proposal Name: Transportation for Older and Disabled Californians

List any co-authors who should be added to your proposal and their contact information:

Senior Assembly Members:

Senior Senators:

Lorna VanAckeren

Brief summary of the problem that you are seeking to solve:

There is a well-established, statewide need for improved and expanded transportation services for older persons and those with disabilities (accessible transportation). Specifically, the needs are 1) updated and strengthened policy support, 2) increased funding that is insulated from the most acute budgetary cyclicals, and 3) funds and programs that will be made accountable with periodic performance reviews. In summary, accessible transit is treated as a minor, ancillary service thereby marginalizing older and disabled Californians. The proposal elevates this population providing some equity.

Brief summary of the proposal, and a description of how your proposal addresses the problem (this will be published):

This proposal would address the growing need (See Part 7 for details on growing demand) for accessible transportation options for our older and disabled Californians. Additionally, it would address the current underfunding and stagnant services for the same population. It would also require the California Departments of Transportation and Health and Human Services to develop and adopt performance criteria, funding formulas and accountability actions.

This proposal will be implemented through an amended Social Service Transportation Act (AB 120, 1979, GovCode §15950) to ensure the rapid implementation of consumer-centric programs, services, and the efficient use of certain funds available for the program, see Part 7 for details on this approach. The proposal would provide for the deposit of program funds into the Accessible Transportation Account which this bill would create in the State Transportation Fund. These

funds would be attributable to a new annual vehicle registration fee under an amended Vehicle Code (§9250) that would be applicable to all vehicles, with an inflation adjustment, as provided that would take effect on as soon as practicable after passage by the legislature and signature by the Governor.

--Is the proposal based on a prior proposal? YES _____ NO X_____

--If the proposal is based on a prior proposal, provide any information that will help identify that proposal (proposal number, author, year of introduction, etc.):

If the proposal is based on a prior proposal, do you have permission from the author of that prior proposal to use that proposal? (NOTE: Permission is not required.) YES _____ No N/A_____

PART 2: DESCRIBING THE PROBLEM

Describe the problem that the proposal addresses. Describe any deficiency in existing law, (include any relevant statistics and research, and attach any relevant documents to this proposal):

Despite the well documented, rapidly expanding need for accessible transportation services, funding and policies have remained stagnant and ineffective (See Part 7 for documentation of need"). To strengthen policy support for accessible transit, this proposal will update provisions in the Social Service Transportation Improvement Act (SSTIA, AB 120 1979) to expand services, and reflect current best practices in transportation and social equity. One core barrier to improvements is the lack of dedicated funding, this proposal includes an increased vehicle registration fee to support increased programs. The need for strengthened policy support and increased funding for accessible transportation programs are a result of a confluence of issues that are described in more detail in the attachment. The issues are so significant and numerous that this issue has been subjected to cyclical "study and stagnate" for decades. The issue has been the subject of a dozen analyses from the U.S. GAO which have not resulted in material improvements. The State of California has conducted several studies that also "sit on a shelf" with no measurable, positive impact. One such effort is the Master Plan for Aging which was completed this past January in which the state was completely indifferent to the mobility needs for older Californians by rejecting recommended improvements to accessible transportation.

PART 3: COMPILING RESEARCH (See the accompanying 1 page guide, *Legislative Drafting Resources*)**

Refer to Part 7 – Additional Research which contains relevant information about the history of this issue that is the basis for this proposal being submitted.

Identify all relevant existing law and describe where you found those existing laws. List references: **

- Government Code Section 15950, "Social Service Transportation Improvement Act"

- Available at the California Legislative Information website at this link:
<https://bit.ly/3wqpNFx>
- Vehicle Code Section 9250 authorizes vehicle registration fees.
 - Available at the California Legislative Information website at this link:
<https://bit.ly/3xyUFef>

Identify any state or local agencies relevant to the problem: **

California Department of Transportation
California Health and Human Services

Identify any funding sources relevant to the problem (e.g., if a state or local agency already provides relevant oversight, how is that oversight funded?): **

The “Transportation Development Act” (TDA, SB325-1971) provides funding for public transportation and coordination. TDA funding for accessible transportation is limited and not dedicated. Caltrans has statutory oversight of the TDA program including performance auditing, maintaining codes and regulations, etc. The proposal will provide dedicated funding to counties by formula.

If the problem exists in other states, explain how those states address the problem and whether, in your opinion, those solutions were successful. Attach supporting research material and documentation: **

Poor accessible transit is a nationwide problem (See GAO reports, et al, in Section 7), the National Center for Mobility Management (NCCM) has conducted nationwide research in this area and has come to the conclusion that state legislatures are key to success, and dedicated funding is necessary for success. These conclusions are consistent with this proposal.

In one example, the Oregon legislature passed the Special Transportation Fund (STF) in 1985 which, “*provides a flexible, coordinated, reliable and continuing source of revenue in support of transportation services for people who are senior and people with disabilities of any age.*” Oregon’s approach is consistent with the NCCM recommendation mentioned above and this proposal. In Oregon, the STF provides funding to designated “STF Agencies”, the equivalent agency in this proposal is the “Consolidated Transportation Services Agency”.

Has the State Legislature previously introduced a bill to address the problem? **

Yes ☒ No ☐ Unknown ☐

--If Yes: (Provide the bill number, author, date the bill was introduced, and final action (was it enacted, vetoed, died in committee, etc): Attach bill document:

Assembly Bill 120, Ingalls – 1979, “Social Service Transportation Improvement Act”, Approved by Governor Brown on September 27, 1979.

PART 4: FORMING A SOLUTION

Describe what action should occur to address the problem: The action necessary is the provision of dedicated, formula funding to Counties and/or Consolidated Transportation Services Agencies (CTSA) in order to coordinate services to provide locally appropriate services through locally selected providers outside conventional public transit institutions. **Funding is critical, you can't build a bridge without funding and you can't implement coordination without funding.** Expansion of CTSA authorizing legislation to enhance CTSA authority, permanence, and prevalence.

Describe who (i.e. state entity) should take that action: The Health and Human Services Department will lead implementation with support from the Department of Transportation, together they will jointly administer the Accessible Transportation Account created by the proposal. That administrative authority and function should be as limited as possible with significant delegation to local jurisdictions. The State is ill-suited to oversee the diverse mosaic of local non-profits and community-based organizations that provide this type of service. County Board of Supervisors and/or existing Consolidated Transportation Services Agencies will be the decision makers, rather than the state, transit or transportation authorities. Counties are comprised of directly elected leadership and are multi-purpose agencies serving a broader, more diverse constituency, a range of health and human service and public health programs, and are better equipped to make decisions that are multi-disciplinary and reflect unique jurisdictional character. Disbursement through counties will avoid the multiple and sometimes overlapping transit jurisdictions present in many regions and often include appointed representation.

Describe when that entity should take that action:

When this proposal becomes a Bill and is signed into law by the Governor, funding should be disbursed as soon as practicable with administrative guidance implemented as it is developed.

Describe where that action should occur:

How will that action benefit Californians, and which Californians will directly benefit from that action? The beneficiaries of this action will include, but not be limited to, older persons and disabled persons needing community transportation options, and certain low income populations. Additionally, it is important to understand what transportation options actually include.

How much will this solution cost? Unknown X Amount ____ How did you estimate those costs? (If the solution will impose new costs, how will those costs be funded?)

The current proposal has a statewide cost of \$130,000,000, which includes administrative costs of \$11,800,000 (10%) and is funded through a \$4 vehicle registration fee (subject to inflationary indexing). Counties under 100,000 population will receive a minimum allocation of \$200,000. Counties with a population above 100,000 will receive the base \$200,000 plus \$3 for every additional resident above 100,000.

PART 5: AFFECTED ENTITIES

List any agencies, departments, and interest groups that you anticipate will be positively affected by the solution:

- Any agency or organization that offers programs and services to the target populations (non-driving seniors and persons with disabilities who are unable to utilize public transit or ADA paratransit.) Examples include: Adult Day Programs, Senior Centers, Independent Living Centers, Social Services Depts., various other non-profits who serve these target populations.
- This proposal will prevent the premature institutionalization of populations that cannot live in their own homes and communities without adequate transportation. Similarly, the proposal will allow care home residents to more easily return to their own homes and communities with the transportation options provided by this proposal.
- Medical providers and hospitals will benefit from fewer missed patient appointments due to transportation issues, and more options for providing hospital discharge transportation.
- Various recreational, social and religious organizations will also benefit from the ability to bring more participants to their activities.
- Public transit agencies will also benefit from this solution in that it will lead to reduced demand for ADA paratransit services, which have significantly higher costs and transit agencies perceive as an unfunded mandate.
- CTSA's, volunteer driver programs and other providers of these services to the target populations will benefit through having ongoing stabilized funding to support and expand their offerings.
- The health care/insurance industries are becoming increasingly burdened by regulatory requirements for increased transportation benefits, most recently in the Affordable Care Act and Assembly Bill 2394 (2016 – Nonmedical Transportation). Shoring up accessible transportation systems should relieve some of this burden.

List any agencies, departments, and interest groups that you anticipate will be negatively affected by the solution:

- Public transit operators may perceive the strengthening of the CTSA mechanism as a threat to their status and/or revenue sources.

PART 6: DRAFTING YOUR PROPOSAL

Draft your **WHEREAS** clauses by answering the following prompts. (WHEREAS clauses support your reason for pursuing your proposal and generally reflect what you found while doing your research.) You may answer these prompts with as much detail as you like (including statistics and data), but remember that this language will appear directly in your proposal. Each

WHEREAS clause is usually 1–3 sentences, which begins with WHEREAS, but you may have as many WHEREAS clauses as you wish.

WHEREAS: Senate Bill 1 passed in 2017, included funding for many transportation options, but none dedicated to accessible transit. It appears that accessible transportation for older and disabled Californians outside of public transit systems was not a priority for decisionmakers.

WHEREAS: Transportation policy and funding decisions are primarily controlled by county-wide transportation authorities and public transit agencies that do not regularly prioritize rider-centric service to older persons and those with disabilities in their planning and budgeting processes.

WHEREAS: The possibility of duplication of effort when organizations do not collaborate is an opportunity for duplication or providing parallel services. Potential partners not being able to coordinate together, insufficient leadership and limited financial resources are some of the issues impacting unmet needs.

WHEREAS: California has developed reports that contribute to the “study and stagnate” cycle and end up sitting on a shelf collecting dust with no benefits ever accruing to the target population.

WHEREAS: The recent Master Plan for Aging complete in 2021 addressed numerous policy areas critical to older Californians. One such policy was around transportation. However, the State completely ignored their Stakeholder Advisory Committee, and was silent on transportation improvements.

WHEREAS: Considering the 60+ population in California is growing faster than any other population, it is projected that to prepare and expect the huge changes that will affect California’s economy, such as housing, leisure, land use, and transportation, we cannot underestimate the magnitude or lead time required to prepare for these major demographic changes.

WHEREAS: Senior oriented mobility services as currently organized and funded do not have the capacity to handle the increasing number of people over the age of 65. The lack of fiscal and organizational readiness is well-established.

WHEREAS: Accessible transportation services are currently provided by transit agencies, cities/counties, non-profit agencies, social service agencies, health insurance and funding is provided through equally disparate revenue streams all with different requirements and limitations related to match, report, cost allocation. Result? No single agency or organization falls naturally into a leadership role.

Draft your **RESOLVED** clauses by answering the following prompt. (RESOLVED clauses ask the Governor and the Legislature to take a specific action.) You may answer this prompt with as

much detail as you like, but remember that this language will appear directly in your proposal. Each RESOLVED clause is usually 1–3 sentences, which begin with RESOLVED, but you may have as many RESOLVED clauses as you wish.

RESOLVED: In many areas, in order to expand transportation offerings that are accessible and senior friendly and that go beyond traditional transit and ADA paratransit services, additional funding, reliable institutional structures, and a broader level of community input and decision making authority is required.

RESOLVED: County governments, with their expertise in providing social services, local knowledge, and directly elected representation are the most appropriate entity to administer the funding in this proposal at the local level. Transit authorities and transit districts should also be at the table along with non-profit providers of social services and social services transportation providers.

RESOLVED: While funding decisions are primarily controlled by local county-wide transportation authorities and public transit agencies, funding associated with this proposal should be administered jointly at the state level by Health and Human Services and Caltrans. Health and Human Services has critical expertise in serving the target population and will help to break through legacy stagnation in accessible transit.

RESOLVED: While plans to expand transportation offerings are often funded via new taxes, these funds more often than not are objected to because of cost issues.

RESOLVED: Transit authorities and transit districts should be present at the table where the funding issue is addressed with leadership coming from the non-profit and social service transportation providers. This will enable funding to target the needs of the populations who are unable, due to their health or disability, to use services provided to public transit and to break through legacy stagnation in accessible transit.

RESOLVED: In the 42+ years since the Social Service Transportation Improvement Act has passed there has been: a significant increase in demand for accessible transportation services with no corresponding increase in resources, progress in every other field of transportation *except* accessible transportation, and a compendium of studies, white papers, conferences, and analyses, that have done nothing to improve transportation for older Californians and those with disabilities. This bill addresses the legacy of stagnation.

RESOLVED: The State conducted the Master Plan for Aging which was intended to “...affirm the priority of the health and well-being of older Californians and the need for policies that promote healthy aging...”. The State succeeded in that goal with the sole, critical exception of transportation, where the State completely disregarded input from their Stakeholder Advisory Committee and opted to embrace the legacy

of stagnation in accessible transportation. This proposal rejects that embrace, erases the legacy, and resurrects the Stakeholder Advisory Committee recommendations in this proposal.

PART 7: ADDITIONAL RESEARCH

If there are any relevant studies, reports, statistics, or facts that you have not described above, identify those here and attach copies or provide a link to, or the address of, the internet website where you found the information:

Why is the demand for accessible transit increasing:

1. Demographic Shifts – Aging Society: The aging of society, also known as the “silver tsunami”, is well documented¹ result of the baby boom. This demographic shift is placing increasingly greater demands on a wide range of policy areas affecting older Californians, transportation included. The Master Plan for Aging describes the situation as follows, *“California’s over-60 population is projected to diversify and grow faster than any other age group. Increasing from 16 percent in 2010 to one quarter of the population by 2030, when there will be 10.8 million older adults in California.”*

2. Public Health Shifts: Consolidation of Medical Facilities and Declining Personal Health: Shifts at the administrative and personal health levels will continue to magnify problems with accessible transit:

At the administrative level, the health care systems have been and will continue to consolidate services. These centralized services improve the cost-effectiveness of healthcare provision. However, those cost savings translate to increased costs to the transportation system by requiring patients to travel further for healthcare appointments.

At the personal level, public health is taking a disturbing trend with increases in diabetes and other obesity related diseases on the rise. These health issues severely compromise personal mobility and result in an increased demand for transportation, much of it specialized (accommodation of mobility devices, door-to-door/door-through-door, etc.) service. The situation is best summed up by the Metropolitan Transportation Commission although the observations are valid statewide and nationwide,

¹ 2003, California Health and Human Services Agency, *Strategic Plan for An Aging California Population*, “California is home to nearly four million people over age 65 – the largest older adult population in the nation. This number is expected to more than double over the next several decades as the baby boomers begin reaching this milestone...we can expect enormous changes that will sharply affect California’s economy, housing, land use, leisure, transportation, health and social services, and public resource allocation. We must not underestimate the magnitude or the lead-time required to prepare for these major demographic changes.”

“Current senior-oriented mobility services do not have the capacity to handle the increase in people over 65 years of age...the massive growth among the aging ...points to a lack of fiscal and organizational readiness...the closure and consolidation of medical facilities while rates of diabetes and obesity are on the rise will place heavy demands on an already deficient system.” (Metropolitan Transportation Commission, 2018)

Why this approach?

During the 2020/2021 Master Plan for Aging (MPA) process the Stakeholder Advisory Committee provided recommendations related to improving accessible transit through widely accepted best practices and **funding** those recommendations. The recommendations were, in summary, to strengthen and fund the coordination process. This is longstanding industry best-practice as evidenced from the excerpt below:

Over the past two decades, the benefits of interagency coordination of public and human service transportation have been recognized by federal, state, and local governments. The need for a federal mandate to force coordination at the state level to improve efficiency and effectiveness has been recommended by various groups and organizations for more than a decade. (National Academy of Transit Cooperative Research Program, 1997)

The State gutted the recommendations and reduced the transportation section in the MPA to insincere bullet point recommendations that provided undefined “support” and “encouragement” for various nebulous initiatives.

During the 2020/2021 MPA process the Stakeholder Advisory Committee provided recommendations related to improving accessible transit through widely accepted best practices and funding those recommendations. The recommendations were in summary, to strengthen and fund the coordination process, this is longstanding industry best-practice as evidenced from the excerpt below:

Over the past two decades, the benefits of interagency coordination of public and human service transportation have been recognized by federal, state, and local governments. The need for a federal mandate to force coordination at the state level to improve efficiency and effectiveness has been recommended by various groups and organizations for more than a decade. (Transit Cooperative Research Program, 1997)

The State gutted the recommendations and reduced the transportation section in the MPA to insincere bullet point recommendations that provided undefined “support” and “encouragement” for various nebulous initiatives. A central tenet of this proposal and **both** the California state and federal approach to improving accessible transportation is “**coordination**”:

At the state level, the *Consolidated Transportation Services Agency* mechanism and its authorizing legislation, the *Social Service Transportation Improvement Act* rely heavily on coordination as a tool to improve and make more efficient accessible transportation. At the federal level, the development of the *Coordinated Public Transit-Human Services Transportation Plans* has been required for the last 15 years due to the widely acknowledged potential for coordination to improve service and increase efficiency.

The **failure** in California and at the Federal level is the same, the assumption that coordination doesn't require any additional financial resources. The seminal public policy book "*Implementation, How Great Expectations in Washington DC are dashed...*"² accurately describes the use of coordination as a solution in accessible transit,

"...invocation of coordination does not necessarily provide either a statement of or a solution to the problem, but it may be a way of avoiding both when an accurate prescription would be too painful."

The "accurate prescription" in this case is funding to support coordination efforts. As we can see from the Master Plan for Aging outcome, the state is avoiding this prescription.

You can't build a bridge without funding, you cannot affect coordination without funding. This proposal provides that funding.

The federal Government Accountability Office (GAO) has been studying the accessible transportation and coordination efforts for decades with little improvement to show: Report #s 109878, 591707, 650079, 658766, 660247, 667361, et al: "...duplication of effort and **inefficiency** in providing transportation when agencies do not **coordinate**...", "...state and local agencies are unaware that they are...providing transportation services identical and parallel to those of another agency"...transit agency officials that we spoke with said that they would like to implement **coordination** efforts, but have been unable to get various parties to come together...", "continuing challenges such as **insufficient leadership** at the federal level and **limited financial resources** and growing **unmet needs at the state and local level**", "...state and local officials expressed concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations.".

Documentation of Need.

The Federal Transit Administration requires the development of "*Coordinated Public Transit Human Services Transportation Plans*" in order to be eligible for certain funds. The following is

² Implementation: How Great Expectations in Washington Are Dashed in Oakland; Or, Why It's Amazing that Federal Programs Work at All, 1984, Jeffrey L. Pressman, Aaron Wildavsky,

an excerpt from California counties establishing a significant need spanning the urban-rural divide:

- **Butte County:** “Top-ranked barriers to accessing needed transportation: **Funding challenges** for directly operating or contracting for transportation...”
- **Fresno County:** “**Lack of Funding: Funding is insufficient** to meet needs for expanding fixed-route service and equivalent paratransit...Duplication and Redundancy: Various sources of funding restrict transportation services to specific populations for specific purposes...results in service duplication and redundancy...”
- **Inyo-Mono Counties:** “The greatest barrier to coordination for all rural counties is lack of funding. There is simply not enough money available to meet all transportation needs for the target population... particularly in light of the dispersed communities and long travel distance...as such, the various human service agencies piece meal together trips for the most critical needs. Lack of funding/resources contributes to the limited staff time available for all agencies to pursue further coordination efforts”
- **Kern County:** “Priorities for the 2007 Coordinated Plan were identified as... Identify and pursue new funding sources...Barriers Identified: insufficient agency funding for Transportation...Very limited transportation funding was reported...difficulty in securing operating dollars to expand or develop new services in both rural communities and Metropolitan Bakersfield...transit systems are operating at their limits of their present funding base is among the most significant of constraints...”
- **Kings County:** “**Increasing revenue resources:** Identified as the core issue...an efficient **coordination** process must be established...there are many benefits to consolidating on a large scale...there has been no movement towards consolidating transportation entities...**The greatest barrier to coordination is lack of funding**...There is simply **not enough money** available to meet all transportation needs for the target population...human service agencies piecemeal together trips for the most critical needs.”
- **Lake County:** “**PRIORITY 1 – Critical: Pursue and secure funding** to support, maintain, improve safety and enhance the Lake County public transportation network...”
“...Continued priority must be placed on **securing new funding sources**...”
- **Los Angeles County:** “Roadblocks to further coordination. Several were identified, including the following: Funding restrictions; capacity constraints...”
- **Madera County:** “The greatest barrier to coordination for many smaller counties is **lack of funding**. There is simply **not enough money** available to meet all transportation

needs for the target population, particularly in light of the dispersed development pattern and long travel distance in Madera County”

- **Metropolitan Transportation Commission (San Francisco Bay Area):** “Current senior-oriented mobility services do not have the capacity to handle the increase in people over 65 years of age...the massive growth among the aging ...points to a **lack of fiscal and organizational readiness**...the closure and consolidation of medical facilities while rates of diabetes and obesity are on the rise will place heavy demands on an already deficient system.”

- **Riverside County:** “**Securing funding** is critical to maintain, enhance and expand transit services...Goal 1: Strategy: **Secure Funding**, including discretionary sources, to maintain, enhance and expand transit and specialized transportation...The STRATEGIC ASSESSMENT proposes various strategic actions to address system-wide deficiencies...3) **Increase Funding**...Goal 2 – Connect and **Coordinate** Services Improve connectivity among public transportation services and **coordination** with human service transportation...”

- **Sacramento Area Council of Governments:** “...gaps in service remain due to geography, limitations in fixed-route/demand responsive services, program/**funding constraints**, eligibility limitations, knowledge, training...”

- **San Bernardino:** “...**Coordinated Plan** strategies can be supported with 5310 funds ...however, **this competitive funding source is modest**...” “...agencies and their transit programs need for assistance continues as they face **funding uncertainties**”, “...First Priority Strategies: **Secure funding**...to maintain, enhance and expand transit and specialized transportation services...”

- **San Diego:** “...gaps in service remain due to geography, limitations in transit service, **funding constraints**, eligibility, knowledge, and training....”

- **Shasta County:** “...**limited resources** in the form of staff availability, interest, leadership, service and/or capital capacity, **funding**, and time...”

- **Stanislaus Council of Governments:** “While public transportation services do receive Local Transportation Funds...and State Transit Assistance (STA) funds, it is generally not sufficient to address many of the service challenges, such as limited frequencies and longer service hours, which were common themes...”

- **Tulare County:** “Activities that **better coordinate** and consolidate transportation services and resources... **Secure funding** devoted to maintaining and strategically improving service levels...**Secure funding** and pursue low-cost, opensource Find-a- Ride capabilities...”

- **Ventura County:** "...limited funds suggest that it will be critically important to seek other funding sources to address many of the proposed strategies. Such additional funding sources could include but are not limited to...State cap and trade funding..."

Why is this effort not being led by public transit operators?

Neither the California Transit Association (CTA) or the California Association for Coordinated Transportation (CALACT) have, in their legislative platforms specific direction to improve this service area or seek additional funding despite the well-documented need for improved services.

This is not a critique of the transit lobby which is being overwhelmed with an increasing number of responsibilities. Public transit, from being a cornerstone in the State's strategy to reduce greenhouse gasses, to addressing the needs of commuters, responding to electric fleet requirements, serve low-income riders, transport K-12 students, and providing Americans with Disabilities Act paratransit, is stretched impossibly thin. The industry does simply not have the capacity to address accessible transit with the response and resources required to provide sufficient service.

These organizations have influential lobbies that partially stem from their heavily unionized workforce. Increased funding (a goal of this bill) would result in more union jobs. Opposition to improvements in accessible transit should be supported by transit industry leadership if they share the interests of its rank-and-file union workforce.

Why is this service area (accessible transportation) is impervious to progress?

Existing transportation providers are likely to see this proposal as a threat to their funding and stature, the assumption being that for a new organization to receive funding it will reduce their funding and/or reduce their ability to access or develop new revenue streams.

How politics influences this service area is well defined in the Transportation Research Board study, "*Economic Benefits of Coordinating Human Service Transportation and Transit Services*"³. The first barrier to making improvements is listed in the study as follows:

"Politics, Politics, Politics: Political individuals and organizations with vested interests in "the status quo" will often view expanded transportation services as a threat to their own power or influence and may, therefore, take steps to derail both personal and organizational capital invested in the coordinated transportation system."

³ National Academy of Sciences, Transit Cooperative Research Program, Transportation Research Board, sponsored by the Federal Transit Administration, "*Economic Benefits of Coordinating Human Service Transportation and Transit Services*": http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_91.pdf

